

## Foster Family Home - Corrective Action Report

Provider ID: 1-562597

Home Name: Regina Dela Vega, CNA

Review ID: 1-562597-7

1018 A Kalihi Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 6/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made on 6/04/19. Home is in compliance with all requirements.

Angelica Galindo, RN  
Compliance Manager

Regina Dela Vega  
Primary Care Giver

6/04/19  
Date

6/04/19  
Date